

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Christopher

First name

Reinhart

Middle name

Tordsen

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Michelle

First name

Dawn

Middle name

Tordsen

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-3063

xxx-xx-2620

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (*if known*) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

- I have not used any business name or EINs.

Business name(s)

EIN

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s)

EIN

5. Where you live

**843 Ravoux Circle
Chaska, MN 55318-2406**

Number, Street, City, State & ZIP Code

Carver

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.
- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13
8. **How you will pay the fee** I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?** No.
 Yes.
- Middle District of Tennessee (dismissed)**
- | | | | | | |
|----------|--------------------|------|----------------|-------------|-----------------|
| District | <u>(dismissed)</u> | When | <u>7/06/17</u> | Case number | <u>17-04581</u> |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No
 Yes.
- | | | | | | |
|----------|-------|---------------------|-------|-----------------------|-------|
| Debtor | _____ | Relationship to you | _____ | | |
| District | _____ | When | _____ | Case number, if known | _____ |
| Debtor | _____ | Relationship to you | _____ | | |
| District | _____ | When | _____ | Case number, if known | _____ |
11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

- 12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Christopher Reinhart Tordsen
 Debtor 2 Michelle Dawn Tordsen

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p>		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p>		
	16c. State the type of debts you owe that are not consumer debts or business debts <hr/>		
<hr/>			
17. Are you filing under Chapter 7?	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<hr/>			
18. How many Creditors do you estimate that you owe?	<p><input type="checkbox"/> 1-49</p> <p><input checked="" type="checkbox"/> 50-99</p> <p><input type="checkbox"/> 100-199</p> <p><input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000</p> <p><input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000</p> <p><input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> More than 100,000</p>
<hr/>			
19. How much do you estimate your assets to be worth?	<p><input checked="" type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>
<hr/>			
20. How much do you estimate your liabilities to be?	<p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Christopher Reinhart Tordsen

Christopher Reinhart Tordsen

Signature of Debtor 1

/s/ Michelle Dawn Tordsen

Michelle Dawn Tordsen

Signature of Debtor 2

Executed on April 28, 2021
 MM / DD / YYYY

Executed on April 28, 2021
 MM / DD / YYYY

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number *(if known)*

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Gregory J. Wald

Signature of Attorney for Debtor

Date

April 28, 2021

MM / DD / YYYY

Gregory J. Wald 0165244

Printed name

Gregory J. Wald, Attorney

Firm name

**1500 Northland Plaza
3800 American Boulevard West
Bloomington, MN 55431**

Number, Street, City, State & ZIP Code

Contact phone **(952) 921-5802**

Email address

greg@waldlawfirm.com

0165244 MN

Bar number & State

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF MINNESOTA</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 25,712.04
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 25,712.04

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 19,400.73
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 19,400.73
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 1,093.76
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 1,093.76
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 235,823.77
		Your total liabilities \$ 256,318.26

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 5,414.75
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 5,414.75
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 5,674.83
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 5,674.83

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 7,921.34

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>1,093.76</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>157,383.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>158,476.76</u>

Fill in this information to identify your case and this filing:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA			
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1	Make: Ford Model: Fiesta SE Year: 2016 Approximate mileage: about 150,000 Other information: <div style="border: 1px solid black; height: 40px; width: 250px;"></div>	Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
			Current value of the entire property?	Current value of the portion you own?
			\$3,555.00	\$3,555.00
3.2	Make: Hyundai Model: Sonata Year: 2016 Approximate mileage: about 150,000 Other information: <div style="border: 1px solid black; height: 40px; width: 250px;"></div>	Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
			Current value of the entire property?	Current value of the portion you own?
			\$5,436.00	\$5,436.00

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

3.3 Make: **Ford**
 Model: **Focus**
 Year: **2010**

about
 Approximate mileage: **300,000 mils**

Other information:

Poor condition, not running

Who has an interest in the property? Check one

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$500.00

Current value of the portion you own?

\$500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$9,491.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

Furniture, minor appliances, cookware & dishes, furnishings

\$1,350.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

3 televisions \$600, 3 cellphones \$600

\$1,200.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

bicycle

\$400.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

Mossberg 835 shotgun purchased for \$200, deer rifle purchased for \$300, .40 caliber Springfield handgun purchased for \$300

\$800.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Ordinary clothing

\$300.00

Ordinary clothing

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**Diamond and sapphire wedding ring purchased for about
\$1,000.00.**

\$1,000.00

Mother's ring purchased for about \$40.00.

\$40.00

Misc. items of costume jewelry

\$20.00

Misc. items of costume jewelry

\$60.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

2 pet dogs (rescue mixed breed dogs)

\$1.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

c-pap machine

\$300.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$5,771.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name: _____

17.1. Checking	Wells Fargo Bank	\$92.66
17.2. Checking	Wells Fargo Bank	\$2.32

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name: _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity: _____

% of ownership: _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name: _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: _____

Institution name: _____

pension	Teacher Retirement Annuity (This is based on only about 1 year of employment)	Unknown
----------------	--	----------------

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual: _____

Rent (security deposit and rent deposit)	Joe & Karen Atkinson	\$2,025.00
---	---------------------------------	-------------------

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description. _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): _____

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- No
 Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No
 Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

2020 and earned portion of 2021 federal and state tax refunds and renter's credit property tax refund (we likely won't receive anything - we owe.)

income tax and property tax refund

\$0.00

2020 and earned portion of 2021 income tax refunds and renter's credit property tax refunds, if any.

Unknown

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
 Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Give specific information..

Wages owed to me by my former employer SPSI, Inc.,including vacation pay (estimated)

\$2,485.46

Summer pay owed to me (approximate amount)

\$4,000.00

Wages owed to me by my current employer (estimated)
--

\$1,443.60

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1 Christopher Reinhart Tordsen
Debtor 2 Michelle Dawn Tordsen

Case number (if known) _____

term life insurance through my employer, no cash value	My wife	\$1.00
--	---------	--------

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

- No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$10,050.04

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

Classroom supplies from my occupation as a teacher	\$400.00
--	----------

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$400.00

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$0.00
56. Part 2: Total vehicles, line 5	\$9,491.00
57. Part 3: Total personal and household items, line 15	\$5,771.00
58. Part 4: Total financial assets, line 36	\$10,050.04
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$400.00
62. Total personal property. Add lines 56 through 61...	\$25,712.04
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$25,712.04

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF MINNESOTA</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2010 Ford Focus about 300,000 mils miles Poor condition, not running Line from Schedule A/B: 3.3	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2) Tennessee limits its exemptions to residents, therefore Federal exemptions are allowed.
Furniture, minor appliances, cookware & dishes, furnishings Line from Schedule A/B: 6.1	\$1,350.00	<input checked="" type="checkbox"/> \$1,350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
3 televisions \$600, 3 cellphones \$600 Line from Schedule A/B: 7.1	\$1,200.00	<input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
bicycle Line from Schedule A/B: 9.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Mossberg 835 shotgun purchased for \$200, deer rifle purchased for \$300, .40 caliber Springfield handgun purchased for \$300 Line from Schedule A/B: 10.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 Christopher Reinhart Tordsen
Debtor 2 Michelle Dawn Tordsen

		Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim
		Copy the value from Schedule A/B	Check only one box for each exemption.
Ordinary clothing Line from Schedule A/B: 11.1		\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Ordinary clothing Line from Schedule A/B: 11.2		\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Diamond and sapphire wedding ring purchased for about \$1,000.00. Line from Schedule A/B: 12.1		\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Mother's ring purchased for about \$40.00. Line from Schedule A/B: 12.2		\$40.00	<input checked="" type="checkbox"/> \$40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Misc. items of costume jewelry Line from Schedule A/B: 12.3		\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Misc. items of costume jewelry Line from Schedule A/B: 12.4		\$60.00	<input checked="" type="checkbox"/> \$60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
2 pet dogs (rescue mixed breed dogs) Line from Schedule A/B: 13.1		\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
c-pap machine Line from Schedule A/B: 14.1		\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Checking: Wells Fargo Bank Line from Schedule A/B: 17.1		\$92.66	<input checked="" type="checkbox"/> \$92.66 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Checking: Wells Fargo Bank Line from Schedule A/B: 17.2		\$2.32	<input checked="" type="checkbox"/> \$2.32 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
pension: Teacher Retirement Annuity (This is based on only about 1 year of employment) Line from Schedule A/B: 21.1	Unknown	Unknown	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit

Debtor 1 Christopher Reinhart Tordsen
 Debtor 2 Michelle Dawn Tordsen

		Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Rent (security deposit and rent deposit): Joe & Karen Atkinson Line from Schedule A/B: 22.1	\$2,025.00	<input checked="" type="checkbox"/> \$2,025.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
2020 and earned portion of 2021 income tax refunds and renter's credit property tax refunds, if any. Line from Schedule A/B: 28.2	Unknown	<input checked="" type="checkbox"/> \$15,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Wages owed to me by my former employer SPSI, Inc.,including vacation pay (estimated) Line from Schedule A/B: 30.1	\$2,485.46	<input checked="" type="checkbox"/> \$2,485.46 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Summer pay owed to me (approximate amount) Line from Schedule A/B: 30.2	\$4,000.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Wages owed to me by my current employer (estimated) Line from Schedule A/B: 30.3	\$1,443.60	<input checked="" type="checkbox"/> \$1,443.60 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
term life insurance through my employer, no cash value Beneficiary: My wife Line from Schedule A/B: 31.1	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Classroom supplies from my occupation as a teacher Line from Schedule A/B: 53.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF MINNESOTA</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Creditor's Name	<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim	<i>Column C</i> Unsecured portion If any
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2.1 INLAND BANK AND TRUST IS AOA	\$5,902.73	\$3,555.00	\$2,347.73
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Creditor's Name

**2805 BUTTERFIELD RD
STE 200
Oak Brook, IL 60523-1107**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

2016 Ford Fiesta SE about 150,000 miles

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 2/18/2020

Last 4 digits of account number _____

Debtor 1	Christopher Reinhart Tordsen	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____
Debtor 2	Michelle Dawn Tordsen	First Name _____	Middle Name _____	Last Name _____	

2.2	INLAND BANK AND TRUST IS AOA	Describe the property that secures the claim: 2016 Hyundai Sonata about 150,000 miles	\$13,498.00	\$5,436.00	\$8,062.00
Creditor's Name _____					
2805 BUTTERFIELD RD STE 200 Oak Brook, IL 60523-1107					
Number, Street, City, State & Zip Code _____					
Who owes the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Nature of lien. Check all that apply.					
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)					

Date debt was incurred _____ Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:	\$19,400.73
If this is the last page of your form, add the dollar value totals from all pages.	\$19,400.73
Write that number here:	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[]	Name, Number, Street, City, State & Zip Code Insolve Auto Funding Corporation Trust Center 1209 Orange St. Wilmington, DE 19801	On which line in Part 1 did you enter the creditor? 2.1
[]	Name, Number, Street, City, State & Zip Code Wayfinder BK 1790 E. River Road Tucson, AZ 85718	On which line in Part 1 did you enter the creditor? 2.2
[]	Name, Number, Street, City, State & Zip Code Wayfinder BK LLC 1790 E. River Road Tucson, AZ 85718	On which line in Part 1 did you enter the creditor? 2.1

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 INTERNAL REVENUE SERVICE Priority Creditor's Name P.O. BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number \$876.76	\$876.76	\$0.00
Who incurred the debt? Check one.	When was the debt incurred? 2013, 2015, 2016, 2018		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Income		

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known)

2.2	MINNESOTA DEPT OF REVENUE	Last 4 digits of account number	\$217.00	\$217.00	\$0.00
Priority Creditor's Name					
COLLECT DIV, 551-BANKRUPTCY PO BOX 64447 ST PAUL, MN 55164					
Number Street City State Zip Code					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent					
<input type="checkbox"/> Unliquidated					
<input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations					
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government					
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input type="checkbox"/> Other. Specify income tax					

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim
	3rd Financial	\$800.00
Nonpriority Creditor's Name	Last 4 digits of account number	
1203 S Main St Columbia, TN 38401		
Number Street City State Zip Code		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only		
<input type="checkbox"/> Debtor 2 only		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent		
<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify personal loan		

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.2	ADVANCE COLLECTION PRO Nonpriority Creditor's Name PO BOX 353 Cambridge, MN 55008 Number Street City State Zip Code	Last 4 digits of account number 6965 When was the debt incurred? 11/14	\$238.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
ORIGINAL CREDITOR: HULTGREN HOXIE WAKI ORTHODONTICS			
4.3	AFS ACCEPTANCE LLC Nonpriority Creditor's Name 1475 W CYPRESS CREEK RD Fort Lauderdale, FL 33309 Number Street City State Zip Code	Last 4 digits of account number 1493 When was the debt incurred? 4/12	Unknown
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Deficiency after repossession			
4.4	AMERICREDIT Nonpriority Creditor's Name PO BOX 183853 Arlington, TX 76096 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____	\$5,985.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
■ Other. Specify _____			

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.5	<p>ASC Nonpriority Creditor's Name PO BOX 981 Frederick, MD 21705 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify NOTICE ONLY</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.6	<p>AT&T, c/o Bankruptcy Nonpriority Creditor's Name 4331 Communications Dr Flr 4W Dallas, TX 75211 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$685.56</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.7	<p>AUTOMATED COLLECTION SERVICES Nonpriority Creditor's Name 2802 OPRYLAND DR Nashville, TN 37214 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify COLLECTING FOR CITY OF SPRING HILL</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4615 \$208.37</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 Christopher Reinhart Tordsen
Debtor 2 Michelle Dawn Tordsen

Case number (if known)

<p>4.8</p> <p>Barclays Bank Delaware Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 8801 Wilmington, DE 19899</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2021</p> <p>When was the debt incurred? 1/13</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD</p>	\$779.00
<hr/>		
<p>4.9</p> <p>Blue Jay Villas Nonpriority Creditor's Name</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify residential rent</p>	\$940.00
<hr/>		
<p>4.1</p> <p>CAPITAL ONE Nonpriority Creditor's Name PO BOX 30285 Salt Lake City, UT 84130</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1063</p> <p>When was the debt incurred? 1/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD</p>	\$329.00

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

<p>4.1 1</p> <p>CARDWORKS/CW NEXUS Nonpriority Creditor's Name ATTN: BANKRUPTCY PO BOX 9201 Old Bethpage, NY 11804 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify CREDIT CARD</p>	<p>Last 4 digits of account number 4615 \$558.00</p> <p>When was the debt incurred? 11/16</p> <p>As of the date you file, the claim is: Check all that apply</p>
<p>4.1 2</p> <p>CARVER COUNTY MENTAL HEALTH Nonpriority Creditor's Name FIRST STREET CENTER 540 E FIRST ST Waconia, MN 55387 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>	
<p>4.1 3</p> <p>CASH 2 GO Nonpriority Creditor's Name 408 S JAMES CAMPBELL BLVD Columbia, TN 38401 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____</p>	

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.1 4	CAVALRY PORTFOLIO Nonpriority Creditor's Name 500 SUMMIT LAKE DR, SUITE 400 Valhalla, NY 10595	Last 4 digits of account number _____	\$769.03
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify COLLECTING FOR HSBC</p>			
4.1 5	CCS Collections Nonpriority Creditor's Name 725 Canton St. Norwood, MA 02062	Last 4 digits of account number 7187	\$205.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify COLLECTING FOR MEDIACOM</p>			
4.1 6	CENTER FOR DIAGNOSTIC IMAGING Nonpriority Creditor's Name PO BOX 1450 NW 6035 Minneapolis, MN 55485-1450	Last 4 digits of account number _____	\$80.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>			

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.1
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CENTERPOINT ENERGY	Last 4 digits of account number	\$108.69
Nonpriority Creditor's Name		
P.O. BOX 1144		
Minneapolis, MN 55440-1144		
Number Street City State Zip Code		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify UTILITY	

4.1
8

CENTERPOINT ENERGY	Last 4 digits of account number	\$137.68
Nonpriority Creditor's Name		
PO BOX 4981		
Houston, TX 77210		
Number Street City State Zip Code		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify UTILITY	

4.1
9

CHECK INTO CASH	Last 4 digits of account number	\$1,140.82
Nonpriority Creditor's Name		
PO BOX 550		
Cleveland, TN 37364		
Number Street City State Zip Code		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify	

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.2 0	CHECK INTO CASH Nonpriority Creditor's Name PO BOX 550 Cleveland, TN 37364 Number Street City State Zip Code	Last 4 digits of account number _____ \$1,200.00
	When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes	
4.2 1	CHILDREN'S HOSPITAL & CLINICS Nonpriority Creditor's Name 2525 CHICAGO AVE S Minneapolis, MN 55404 Number Street City State Zip Code	Last 4 digits of account number _____ \$250.00
	When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify MEDICAL <input type="checkbox"/> Yes	
4.2 2	CHILDRENS WEST Nonpriority Creditor's Name 5901 LINCOLN DR Minneapolis, MN 55436 Number Street City State Zip Code	Last 4 digits of account number _____ \$4,387.01
	When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify MEDICAL <input type="checkbox"/> Yes	

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.2
3**CITY OF CHASKA**

Nonpriority Creditor's Name

ONE CITY HALL PLAZA
Chaska, MN 55318

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

4225**\$1,917.08**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **UTILITY** _____4.2
4**CITY OF HAMBURG**

Nonpriority Creditor's Name

181 BROADWAY AVE
Hamburg, MN 55339

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

\$1,220.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **UTILITY** _____4.2
5**CITY OF RIPON**

Nonpriority Creditor's Name

100 JACKSON ST
Ripon, WI 54971

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

9789**\$128.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **MEDICAL** _____

Debtor 1 Christopher Reinhart Tordsen
Debtor 2 Michelle Dawn Tordsen

Case number (if known) _____

4.2
6**CITY TREASURY OFFICE**

Nonpriority Creditor's Name

PO BOX 2148**Cedar Rapids, IA 52406**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **TRAFFIC CITATION**

Last 4 digits of account number _____

\$75.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **TRAFFIC CITATION**4.2
7**COLLECTION BUREAU OF LITTLE**

Nonpriority Creditor's Name

FALLS INC**PO BOX 246****LITTLE FALLS, MN 56345**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **COLLECTION FOR RANDY'S SANITATION**

Last 4 digits of account number **5149****\$39.00**When was the debt incurred? **4/16****As of the date you file, the claim is:** Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **COLLECTION FOR RANDY'S SANITATION**4.2
8**COMPREHENSIVE PAIN SPECIALISTS**

Nonpriority Creditor's Name

PO BOX 440210**Nashville, TN 37244**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **MEDICAL**

Last 4 digits of account number _____

\$56.72

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.2
9**CONSULTING RADIOLOGISTS**

Nonpriority Creditor's Name

BILLING DEPT
1221 NICOLLET MALL, STE 600
Minneapolis, MN 55403

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$120.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify MEDICAL4.3
0**CREDIT ACCEPTANCE CORP**

Nonpriority Creditor's Name

25505 WEST 12 MILE RD
Southfield, MI 48034

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 0149

\$7,370.99

When was the debt incurred? 7/14

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Deficiency after repossession4.3
1**CREDIT COLLECTIONS SVC**

Nonpriority Creditor's Name

PO BOX 773
Needham Heights, MA 02494

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 5480

\$184.00

When was the debt incurred? 11/14

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify COLLECTING FOR ESURANCE AN ALLSTATE COMPANY

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.3
2

CREDIT ONE BANK Nonpriority Creditor's Name PO BOX 98873 Las Vegas, NV 89193	Last 4 digits of account number 6325	\$469.00
Number Street City State Zip Code	When was the debt incurred? 1/17	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.3
3

CREDIT ONE BANK Nonpriority Creditor's Name PO BOX 98873 Las Vegas, NV 89193	Last 4 digits of account number 7413	\$820.00
Number Street City State Zip Code	When was the debt incurred? 3/16	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.3
4

CREDITO REAL USA FINANCE Nonpriority Creditor's Name 1475 W CYPRESS CREEK RD #300 Fort Lauderdale, FL 33309	Last 4 digits of account number XXXX	Unknown
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.3
5

DEPT OF EMPLOYMENT & ECONOMIC

Nonpriority Creditor's Name

**PO BOX 4629
Saint Paul, MN 55101**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

\$658.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **UNEMPLOYMENT OVERPAYMENT**

4.3
6

DIRECTV CUSTOMER SERVICE

Nonpriority Creditor's Name

**C/O BANKRUPTCY CLAIMS
PO BOX 6550
Englewood, CO 80155**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

\$146.70

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **SATELLITE**

4.3
7

DR. RICHARD VEHE

Nonpriority Creditor's Name

**UNIVERSITY OF MN
2450 RIVERSIDE AVE
Minneapolis, MN 55454**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **NOTICE ONLY**

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.3 8	ECONO FOODS NASH FINCH Nonpriority Creditor's Name C/O TRS RECOVERY SERVICES 5251 WESTHEIMER RD Houston, TX 77056	Last 4 digits of account number _____	\$92.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify _____	
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.3 9	EMANUEL LUTHERAN SCHOOL Nonpriority Creditor's Name 18155 COUNTY RD 50 Hamburg, MN 55339	Last 4 digits of account number _____	\$1,800.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify _____			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.4 0	FIRST PREMIER BANK Nonpriority Creditor's Name 601 S MINNESOTA AVE SIOUX FALLS, SD 57104	Last 4 digits of account number 3938	\$497.00
		When was the debt incurred? 11/16	
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify CREDIT CARD			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.4 1	FORD MOTOR CREDIT COMPANY Nonpriority Creditor's Name P.O. BOX 537901 LIVONIA, MI 48153 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$5,739.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
4.4 2	FOX COLLECTION CENTER Nonpriority Creditor's Name PO BOX 528 Goodlettsville, TN 37070 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify COLLECTING FOR PREMIER ORTHO <input type="checkbox"/> Yes	Last 4 digits of account number XXXX \$441.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
4.4 3	GAMESTOP Nonpriority Creditor's Name C/O CERTEGY PAYMENT RECOVERY 11601 ROOSEVELT BLVD Saint Petersburg, FL 33716 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$73.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 Christopher Reinhart Tordsen
Debtor 2 Michelle Dawn Tordsen

Case number (if known) _____

4.4
4**GAVIN WINTERS DONLEY &
OSTLUND**

Nonpriority Creditor's Name

**1017 HENNEPIN AVE N
Glencoe, MN 55336**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$189.13

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.4
5**GLA COLLECTIONS**

Nonpriority Creditor's Name

PO BOX 991199**Louisville, KY 40269**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **XXXX****\$95.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL COLLECTING FOR PHYSICIANS
URGENT CARE**

4.4
6**GLENCOE REGIONAL HEALTH SERV**

Nonpriority Creditor's Name

1805 HENNEPIN AVE N**Glencoe, MN 55336**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$1,177.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.4
7

GREAT LAKES PATHOLOGIST	Last 4 digits of account number	\$52.52
Nonpriority Creditor's Name PO BOX 78420 Milwaukee, WI 53278	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify MEDICAL	
<input type="checkbox"/> Yes		

4.4
8

GREEN TREE	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name PO BOX 94710 Palatine, IL 60094	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify NOTICE ONLY	
<input type="checkbox"/> Yes		

4.4
9

HUGHSTON CLINIC ORTHOPAEDICS	Last 4 digits of account number	\$320.20
Nonpriority Creditor's Name PO BOX 306073 Nashville, TN 37230	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify MEDICAL	
<input type="checkbox"/> Yes		

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.5 0	HUTCHINSON HOSPITAL Nonpriority Creditor's Name 1095 HWY 15 HUTCHINSON, MN 55350 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number _____ \$1,000.00
	When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify MEDICAL <input type="checkbox"/> Yes	
4.5 1	ILLINOIS TOLLWAY Nonpriority Creditor's Name 2700 OGDEN AVE Downers Grove, IL 60515 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number _____ \$358.80
	When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes	
4.5 2	JONAS CENTER Nonpriority Creditor's Name 925 12TH ST E Glencoe, MN 55336 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number _____ \$543.00
	When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify MEDICAL <input type="checkbox"/> Yes	

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.5
3**KOHL'S**

Nonpriority Creditor's Name

**P.O. BOX 3043
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify **CREDIT CARD**
 Yes

Last 4 digits of account number

3862**\$349.00**

When was the debt incurred?

8/16

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **CREDIT CARD**4.5
4**LABORATORY CORP OF AMERICA**

Nonpriority Creditor's Name

**PO BOX 2240
Burlington, NC 27216**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify **MEDICAL**
 Yes

Last 4 digits of account number

\$171.66

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **MEDICAL**4.5
5**LAKEVIEW CLINIC**

Nonpriority Creditor's Name

**424 HIGHWAY 5 WEST
Waconia, MN 55387-1795**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify **MEDICAL**
 Yes

Last 4 digits of account number

\$643.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **MEDICAL**

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.5 6	<p>MAYO CLINIC Nonpriority Creditor's Name ACCOUNT SERVICES 200 FIRST ST SW Rochester, MN 55905</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify NOTICE ONLY _____</p>
4.5 7	<p>MEDIA COM Nonpriority Creditor's Name PO BOX 5040 Apache Junction, AZ 85178</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$205.79</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.5 8	<p>MELCHERT HUBERT SJODIN PLLC Nonpriority Creditor's Name 121 MAIN ST, STE 200 Waconia, MN 55387</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$1,740.80</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.5
9

MIDWEST OUTDOOR RESORTS Nonpriority Creditor's Name 111 SHORE DR Willowbrook, IL 60527	Last 4 digits of account number 0583	\$6,981.00
Number Street City State Zip Code	When was the debt incurred? 11/13	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		

4.6
0

MINNESOTA OTOLARYNGOLOGY PA Nonpriority Creditor's Name 675 WATER ST Excelsior, MN 55331	Last 4 digits of account number	\$27.00
Number Street City State Zip Code	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify MEDICAL <input type="checkbox"/> Yes		

4.6
1

MINUTE CLINIC Nonpriority Creditor's Name PO BOX 8443 Belfast, ME 04915	Last 4 digits of account number	\$33.00
Number Street City State Zip Code	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify MEDICAL <input type="checkbox"/> Yes		

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.6 2	ORCHARD BANK Nonpriority Creditor's Name BANKCARD SERVICES PO BOX 5222 CAROL STREAM, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$2,379.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD
4.6 3	PARK NICOLLET Nonpriority Creditor's Name BANKRUPTCY DEPT / BILLING DEPT 3800 PARK NICOLLET BLVD. ST. LOUIS PARK, MN 55416-2699 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$621.80 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL
4.6 4	PARK NICOLLET Nonpriority Creditor's Name 3800 PARK NICOLLET BLVD ST LOUIS PARK, MN 55416-2699 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3780 \$2,769.58 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL

Debtor 1 Christopher Reinhart Tordsen
Debtor 2 Michelle Dawn Tordsen

Case number (if known) _____

4.6
5**PARK NICOLLET**

Nonpriority Creditor's Name

**BANKRUPTCY DEPT / BILLING
DEPT
3800 PARK NICOLLET BLVD.
ST. LOUIS PARK, MN 55416-2699**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

4373

\$200.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL** _____

4.6
6**PATRICK BURNS & ASSOCIATES**

Nonpriority Creditor's Name

**8401 WAYZATA BLVD, SUITE 300
Minneapolis, MN 55426**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$726.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.6
7**PORTFOLIO RECOVERY**

Nonpriority Creditor's Name

**120 CORPORATE BLVD, STE 100
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$6,556.66

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.6
8

RAZOR CAPITAL II, LLC Nonpriority Creditor's Name 8000 NORMAN CENTER DR., #860 BLOOMINGTON, MN 55437 Number Street City State Zip Code	Last 4 digits of account number _____	\$2,059.00
Who incurred the debt? Check one.	When was the debt incurred? _____	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify COLLECTING FOR CAPITAL ONE _____		

4.6
9

RIDGEVIEW HOME MEDICAL EQUIP Nonpriority Creditor's Name 501 S MAPLE ST, STE 2 Waconia, MN 55387 Number Street City State Zip Code	Last 4 digits of account number _____	\$163.00
Who incurred the debt? Check one.	When was the debt incurred? _____	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify MEDICAL _____		

4.7
0

RIDGEVIEW SIBLEY MEDICAL CENTE Nonpriority Creditor's Name 601 W CHANDLER ST Arlington, MN 55307 Number Street City State Zip Code	Last 4 digits of account number _____	\$419.91
Who incurred the debt? Check one.	When was the debt incurred? _____	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify MEDICAL _____		

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.7
1

RIPON MEDICAL CENTER Nonpriority Creditor's Name 430 E DIVISION ST Fond Du Lac, WI 54935 Number Street City State Zip Code	Last 4 digits of account number _____	\$2,205.16
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify MEDICAL		

4.7
2

RIVERLINK Nonpriority Creditor's Name PO BOX 15799 Austin, TX 78761 Number Street City State Zip Code	Last 4 digits of account number _____	\$17.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify _____		

4.7
3

SEQUIUM ASSET SOLUTIONS Nonpriority Creditor's Name 1130 NORTHCCHASE PKWY, STE 150 Marietta, GA 30067 Number Street City State Zip Code	Last 4 digits of account number 9906	\$97.79
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify COLLECTING FOR REGIONS BANK		

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.7
4

SKIN & ALLERGY CENTER Nonpriority Creditor's Name 100 BLYTHEWOOD DR, STE A Columbia, TN 38401	Last 4 digits of account number 4688	\$536.09
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify MEDICAL	

4.7
5

SOUTHDALE PEDIATRIC ASSOC. LTD Nonpriority Creditor's Name 3955 PARKLAWN AVE SUITE 120 EDINA, MN 55435	Last 4 digits of account number	\$250.00
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify MEDICAL	

4.7
6

SPRING HILL IMAGING Nonpriority Creditor's Name 5421 MAIN ST, #3 Spring Hill, TN 37174	Last 4 digits of account number	\$170.64
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify MEDICAL	

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.7
7

SPRINT NEXTEL CORRESPONDENCE Nonpriority Creditor's Name	Last 4 digits of account number _____	\$600.00
ATTN: BANKRUPTCY DEPT PO BOX 7949 Overland Park, KS 66207 Number Street City State Zip Code	When was the debt incurred? _____	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify CELL PHONE _____	

4.7
8

STATE FARM INSURANCE Nonpriority Creditor's Name	Last 4 digits of account number _____	\$386.00
ONE STATE FARM PLAZA Bloomington, IL 61710 Number Street City State Zip Code	When was the debt incurred? _____	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify INSURANCE _____	

4.7
9

STONE CREEK PSYCHIATRY Nonpriority Creditor's Name	Last 4 digits of account number _____	\$411.22
7945 STONE CREEK DR, #130 Chanhassen, MN 55317 Number Street City State Zip Code	When was the debt incurred? _____	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify MEDICAL _____	

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.8 0 <p>SUBWAY Nonpriority Creditor's Name C/O LINDY'S COLLECTION PO BOX 99 New Ulm, MN 56073 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$44.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
<hr/>	
4.8 1 <p>SYNCHRONY BANK/JCP Nonpriority Creditor's Name ATTN: BANKRUPTCY DEPT PO BOX 965060 Orlando, FL 32896 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$62.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
<hr/>	
4.8 2 <p>T-MOBILE Nonpriority Creditor's Name 12920 SE 38TH ST Bellevue, WA 98006 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$535.60</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify CELL PHONE _____</p>

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.8
3**TARGET**

Nonpriority Creditor's Name

BANKRUPTCY DEPT**PO BOX 1327****Minneapolis, MN 55440**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$143.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.8
4**TARGET CLINIC**

Nonpriority Creditor's Name

PO BOX 0915**Minneapolis, MN 55440**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$135.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL** _____

4.8
5**TENNESEE ORTHOPAEDIC ALLIANCE**

Nonpriority Creditor's Name

PO BOX 9124**Minneapolis, MN 55480**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$172.60

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL** _____

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.8
6

TEXAS GUARANTEED STD LOAN CORP		Last 4 digits of account number <u>8904</u>	\$105,575.00
Nonpriority Creditor's Name PO BOX 83100 Round Rock, TX 78683		When was the debt incurred? <u>6/15</u>	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify _____			
Type of NONPRIORITY unsecured claim:			
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

STUDENT LOAN EDUCATIONAL DTSCH BNK TRUST CO AMERICAS

4.8
7

TEXAS GUARANTEED STD LOAN CORP		Last 4 digits of account number <u>8903</u>	\$46,255.00
Nonpriority Creditor's Name PO BOX 83100 Round Rock, TX 78683		When was the debt incurred? <u>6/15</u>	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify _____			
Type of NONPRIORITY unsecured claim:			
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

STUDENT LOAN EDUCATIONAL DTSCH BNK TRUST CO AMERICAS

4.8
8

The Affiliated Group I		Last 4 digits of account number <u>6877</u>	\$105.00
Nonpriority Creditor's Name 3055 41st St NW Rochester, MN 55903		When was the debt incurred? <u>6/14</u>	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify _____			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

COLLECTING FOR URGENT CARE DOCTORS OFFICE

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.8
9**TITLE MAX OF TENNESSEE**

Nonpriority Creditor's Name

**15 BULL ST, STE 200
Savannah, GA 31401**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Other. Specify **Deficiency after repossession**
 Yes

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Deficiency after repossession**

4.9
0**TWIN CITIES SPINE CENTER**

Nonpriority Creditor's Name

**913 E 26TH ST, STE 600
Minneapolis, MN 55404**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Other. Specify **MEDICAL**
 Yes

Last 4 digits of account number _____

\$51.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

4.9
1**U OF M PHYSICIANS**

Nonpriority Creditor's Name

**PO BOX 86
Minneapolis, MN 55486**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Other. Specify **MEDICAL**
 Yes

Last 4 digits of account number _____

\$20.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL**

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

<p>4.9 2</p> <p>US DEPT OF ED/GLHS Nonpriority Creditor's Name ATTN: BANKRUPTCY 2401 INTERNATIONAL LANE Madison, WI 53704</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2577 \$5,553.00</p> <p>When was the debt incurred? 6/09</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p> <p style="text-align: center;">STUDENT LOAN</p>
<hr/> <p>4.9 3</p> <p>VANDERBILT UNIVERSITY MEDICAL Nonpriority Creditor's Name PO BOX 121171 DEPT 1171 Dallas, TX 75312</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number \$993.38</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify MEDICAL ACCT #2837 \$165.27; #0960 \$465, \$363.11</p>	
<hr/> <p>4.9 4</p> <p>WASTE MANAGEMENT Nonpriority Creditor's Name 10050 NAPLES ST NE Minneapolis, MN 55449</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number \$187.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify UTILITY</p>	

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

4.9 5	XCEL ENERGY Nonpriority Creditor's Name P.O. BOX 9477 MINNEAPOLIS, MN 55484 Number Street City State Zip Code	Last 4 digits of account number _____	\$334.69
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify UTILITY _____			

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

ALTERNATIVE RECOVERY
7373 UNIVERSITY AVE
La Mesa, CA 91942

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AMERICAN ACCOUNTS &
ADVISERS
7460 80TH ST S
Cottage Grove, MN 55016

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AMERICAN ACCOUNTS &
ADVISERS
7460 80TH ST S
Cottage Grove, MN 55016

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.75** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AMERICOLLECT
PO BOX 1505
Manitowoc, WI 54221

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.71** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AMERICREDIT
PO BOX 183583
Arlington, TX 76096

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.67** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

CARVER COUNTY DISTRICT
COURT
604 E 4TH ST
Chaska, MN 55318

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

CARVER COUNTY DISTRICT
COURT

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.58** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

**604 E 4TH ST
 Chaska, MN 55318**

Last 4 digits of account number

Name and Address
**CBCS
 PO BOX 2589
 Columbus, OH 43216**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.17** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**CONVERGENT OUTSOURCING,
 INC.
 PO BOX 9004
 RENTON, WA 98057-9004**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.95** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**CREDIT COLLECTION SERVICES
 725 Canton St.
 Norwood, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.57** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**DIVERSIFIED ADJUSTMENT
 SERVICE
 PO BOX 32145
 FRIDLEY, MN 55432**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.95** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**ERC/ENHANCED RECOVERY CO
 PO Box 57610
 Jacksonville, FL 32241-7610**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.70** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**FINANCIAL RECOVERY SERVICES
 PO BOX 385908
 Minneapolis, MN 55438-5908**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.70** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**FINKELSTEIN KERN STEINBERG
 CUN
 PO BOX 1
 Knoxville, TN 37901**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.33** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**GREAT LAKES
 PO BOX 530229
 Atlanta, GA 30353**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.86** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**GREGORY HANSEN, ESQ
 920 SECOND AVE S, STE 800
 Minneapolis, MN 55402**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.58** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**GURSTEL LAW FIRM PC
 6681 COUNTRY CLUB DRIVE
 GOLDEN VALLEY, MN 55427**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.68** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Funding LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.33** of (Check one): Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

**320 East Big Beaver
 Troy, MI 48083**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**MIDWEST OUTDOOR RESORTS
 23645 CLUBHOUSE DR
 Rapid City, SD 57702**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**NORTHLAND GROUP
 PO BOX 390846
 EDINA, MN 55439**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**NORTHLAND GROUP
 PO BOX 390846
 EDINA, MN 55439**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.83** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**NORTHSTAR LOCATION SERVICES
 4285 GENESEE STREET
 Buffalo, NY 14225-1943**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.70** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**PORTFOLIO RECOVERY
 120 CORPORATE BLVD, STE 100
 Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.83** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**PROFESSIONAL ACCOUNT MGMT
 PO BOX 1487
 Milwaukee, WI 53201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**PROFESSIONAL SERVICES
 BUREAU
 PO BOX 548
 Anoka, MN 55303**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.70** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**RMP LLC
 PO BOX 519
 Sauk Rapids, MN 56379**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.65** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**SCHEER GREEN & BURKE
 PO BOX 1312
 Toledo, OH 43603**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.93** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**United Collection Bureau
 5620 Southwick Blvd, St 206
 Toledo, OH 43614**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.93** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**WAKEFIELD & ASSOC
 PO BOX 50250
 Knoxville, TN 37950**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.76** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total
claims
from Part 1

		Total Claim
6a.	Domestic support obligations	\$ 0.00
6b.	Taxes and certain other debts you owe the government	\$ 1,093.76
6c.	Claims for death or personal injury while you were intoxicated	\$ 0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00
6e.	Total Priority. Add lines 6a through 6d.	1,093.76

Total
claims
from Part 2

		Total Claim
6f.	Student loans	\$ 157,383.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ 0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	\$ 0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ 78,440.77
6j.	Total Nonpriority. Add lines 6f through 6i.	235,823.77

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	Joe & Karen Atkinson 3880 Chaska Blvd Chaska, MN 55318	residential lease
2.2	T-MOBILE PO BOX 742596 CINCINNATI, OH 45274	cellphone service contract

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Wyatt Tordsen**
843 Ravoux Cir
Chaska, MN 55318-2406

- Schedule D, line _____
 Schedule E/F, line 4.9
 Schedule G _____
Blue Jay Villas

3.2 **Our son**
843 Ravoux Cir
Chaska, MN 55318

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G 2.2
T-MOBILE

3.3 **Wyatt Tordsen**
843 Ravoux Circle
Chaska, MN 55318

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G 2.1
Joe & Karen Atkinson

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen
Debtor 2 (Spouse, if filing)	Michelle Dawn Tordsen
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA
Case number (if known)	_____

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed
 Not employed

Debtor 2 or non-filing spouse

- Employed
 Not employed

Occupation

Scheduler

Employer's name

Imagine Print Solutions

Employer's address

**1000 Valley Park Dr S,
Shakopee, MN 55379**

How long employed there?

Since April 20, 2021

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
---------------------	--

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ **6,833.34** \$ **0.00**

3. Estimate and list monthly overtime pay.

3. +\$ **0.00** +\$ **0.00**

4. Calculate gross income. Add line 2 + line 3.

4. \$ **6,833.34** \$ **0.00**

Debtor 1 Christopher Reinhart Tordsen
 Debtor 2 Michelle Dawn Tordsen

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 6,833.34	\$ 0.00

Copy line 4 here

5. List all payroll deductions:
- | | | |
|---|---------------|-----------|
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 643.59 | \$ 0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 975.00 | \$ 0.00 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: _____ | 5h.+ \$ 0.00 | + \$ 0.00 |
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.
- | | | |
|----|-------------|---------|
| 6. | \$ 1,618.59 | \$ 0.00 |
|----|-------------|---------|
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.
- | | | |
|----|-------------|---------|
| 7. | \$ 5,214.75 | \$ 0.00 |
|----|-------------|---------|
8. List all other income regularly received:
- | | | |
|--|--------------|-----------|
| 8a. Net income from rental property and from operating a business, profession, or farm
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
Specify: _____ | 8f. \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: _____ | 8h.+ \$ 0.00 | + \$ 0.00 |
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.
- | | | |
|----|---------|---------|
| 9. | \$ 0.00 | \$ 0.00 |
|----|---------|---------|
10. Calculate monthly income. Add line 7 + line 9.
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.
- | | | | |
|-----|-------------|-----------|---------------|
| 10. | \$ 5,214.75 | + \$ 0.00 | = \$ 5,214.75 |
|-----|-------------|-----------|---------------|
11. State all other regular contributions to the expenses that you list in Schedule J.
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.
Specify: Contribution to food expense from our daughter
- | | |
|-----|------------|
| 11. | +\$ 200.00 |
|-----|------------|
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies
- | | |
|-----|-------------|
| 12. | \$ 5,414.75 |
|-----|-------------|
13. Do you expect an increase or decrease within the year after you file this form?
 No.
 Yes. Explain: Wife is now permanently disabled. She intends to file for Social Security Disability. She collected sick pay and summer pay through April 15, 2021. However, she may be able to return to work about 10 hours per week under medical restrictions. Husband just stated a new job and has not received his first paycheck. His payroll withholding is an estimate.
- Combined monthly income

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen
Debtor 2	Michelle Dawn Tordsen
(Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA
Case number (If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Son

18

No

Yes

No

Yes

No

Yes

No

Yes

Daughter

22

No

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,775.00**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	30.00
4c. \$	0.00
4d. \$	0.00
5. \$	0.00

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 75.00
	6b. Water, sewer, garbage collection	6b. \$ 0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 0.00
	6d. Other. Specify: water, sewer and electric combined	6d. \$ 250.00
7. Food and housekeeping supplies	7. \$ 1,018.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 251.00	
10. Personal care products and services	10. \$ 75.00	
11. Medical and dental expenses	11. \$ 350.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 520.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 100.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 230.00	
15d. Other insurance. Specify:	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Delinquent tax debt payment	16. \$ 100.00	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ 0.00	
17b. Car payments for Vehicle 2	17b. \$ 0.00	
17c. Other. Specify: Anticipated car payments	17c. \$ 800.00	
17d. Other. Specify:	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify:	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: Pet food, supplies and vet health club memberships		
21. +\$	55.00	
	+\$ 45.83	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 5,674.83	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 5,674.83	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	\$ 5,414.75	
23b. Copy your monthly expenses from line 22c above.	-\$ 5,674.83	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	\$ -260.08	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number (if known)			

Check if this is an amended filing

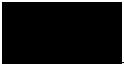
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Christopher Reinhart Tordsen

Christopher Reinhart Tordsen

Signature of Debtor 1

Date April 28, 2021

X /s/ Michelle Dawn Tordsen

Michelle Dawn Tordsen

Signature of Debtor 2

Date April 28, 2021

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
2809 Tyler Court Spring Hill, TN 37174	From-To: May 1, 2016 until November 1, 2019	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	

Debtor 1 Christopher Reinhart Tordsen
Debtor 2 Michelle Dawn Tordsen

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$19,230.80	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$8,139.00
For last calendar year: (January 1 to December 31, 2020)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$48,317.77	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$32,909.58
For the calendar year before that: (January 1 to December 31, 2019)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$56,830.29	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$10,767.51

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2020)	Unemployment	\$15,598.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
--	--------------------	--------------------------	-------

Person to Whom You Gave the Gift and Address:

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
GREGORY J WALD ATTORNEY 3800 American Blvd W. Suite 1500 Bloomington, MN 55431 greg@waldlawfirm.com	\$338.00 court fee and \$2100.00 attorney's fee	3/24/2021	\$2,438.00

DebtorEdu 378 Summit Ave. Jersey City, NJ 07306 www.debtoedu.com	Pre-bankruptcy briefing with consumer credit counselor	On or about 4/19/2021	\$39.90
---	--	--------------------------	---------

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (if known) _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Sun Trust Bank 4929 Main St, Spring Hill, TN 37174	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	Closed for lack of funds in February 2020	\$0.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Debtor 1 **Christopher Reinhart Tordsen**
 Debtor 2 **Michelle Dawn Tordsen**

Case number (*if known*)

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
- Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	--	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (*if known*) _____

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Christopher & Michelle D. Tordsen 843 Ravoux Cir Chaska, MN 55318	Lyft driver n/a	EIN: 3063 and 2620 From-To From 2017 to October 2019

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Christopher Reinhart Tordsen
Christopher Reinhart Tordsen
Signature of Debtor 1

Date April 28, 2021

/s/ Michelle Dawn Tordsen
Michelle Dawn Tordsen
Signature of Debtor 2

Date April 28, 2021

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen		
	First Name	Middle Name	Last Name
Debtor 2	Michelle Dawn Tordsen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **INLAND BANK AND TRUST IS AOA**

name:

Surrender the property.

No

Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.

Yes

Retain the property and [explain]:

Description of property securing debt:
2016 Ford Fiesta SE about 150,000 miles

Creditor's name: **INLAND BANK AND TRUST IS AOA**

name:

Surrender the property.

No

Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.

Yes

Retain the property and [explain]:

Description of property securing debt:
2016 Hyundai Sonata about 150,000 miles

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Debtor 1 **Christopher Reinhart Tordsen**
Debtor 2 **Michelle Dawn Tordsen**

Case number (*if known*) _____

Lessor's name: **Joe & Karen Atkinson**

No

Yes

Description of leased Property: **residential lease**

Lessor's name: **T-MOBILE**

No

Yes

Description of leased Property: **cellphone service contract**

Part 3: **Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Christopher Reinhart Tordsen
Christopher Reinhart Tordsen
Signature of Debtor 1

X /s/ Michelle Dawn Tordsen
Michelle Dawn Tordsen
Signature of Debtor 2

Date April 28, 2021

Date April 28, 2021

United States Bankruptcy Court
District of Minnesota

In re **Christopher Reinhart Tordsen**
Michelle Dawn Tordsen

Debtor(s)

Case No.

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept	\$ 2,100.00
Prior to the filing of this statement I have received	\$ 2,100.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of the compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

a.. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b.. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c.. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d.. Representation of the debtor in contested bankruptcy matters; and

e.. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

LOCAL FORM 1007-1
REVISED 06/16

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: April 28, 2021

Signature of Attorney

/s/ Gregory J. Wald

Gregory J. Wald 0165244

Fill in this information to identify your case:

Debtor 1	Christopher Reinhart Tordsen
Debtor 2	Michelle Dawn Tordsen
(Spouse, if filing)	
United States Bankruptcy Court for the:	District of Minnesota
Case number (if known)	

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 5,208.34	\$ 2,713.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Debtor 1
\$ 0.00
-\$ 0.00
Net monthly income from a business, profession, or farm \$ 0.00

Copy here -> \$ 0.00 \$ 0.00

6. Net income from rental and other real property

Debtor 1
\$ 0.00
-\$ 0.00
Net monthly income from rental or other real property \$ 0.00

Copy here -> \$ 0.00 \$ 0.00

7. Interest, dividends, and royalties

Debtor 1
Debtor 2

Christopher Reinhart Tordsen
Michelle Dawn Tordsen

Case number (if known) _____

**Column A
Debtor 1**

**Column B
Debtor 2 or
non-filing spouse**

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
For your spouse \$ **0.00**

\$ **0.00**

\$ **0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00** \$ **0.00**

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

\$ **0.00** \$ **0.00**

\$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

+ \$ **0.00** \$ **0.00**

\$ **5,208.34** + \$ **2,713.00** = \$ **7,921.34**

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** \$ **7,921.34**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **95,056.08**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

MN

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13. \$ **120,110.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Christopher Reinhart Tordsen

X /s/ Michelle Dawn Tordsen

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

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Best Case Bankruptcy

Debtor 1
Debtor 2

Christopher Reinhart Tordsen
Michelle Dawn Tordsen

Case number (if known) _____

Christopher Reinhart Tordsen
Signature of Debtor 1

Michelle Dawn Tordsen
Signature of Debtor 2

Date **April 28, 2021**
MM / DD / YYYY

Date **April 28, 2021**
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245 filing fee

\$78 administrative fee

+ \$15 trustee surcharge

\$338 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$571	administrative fee
\$1,738 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$78	<u>administrative fee</u>
\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$78	<u>administrative fee</u>
\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

3RD FINANCIAL
1203 S MAIN ST
COLUMBIA TN 38401

ADVANCE COLLECTION PRO
PO BOX 353
CAMBRIDGE MN 55008

AFS ACCEPTANCE LLC
1475 W CYPRESS CREEK RD
FORT LAUDERDALE FL 33309

ALTERNATIVE RECOVERY
7373 UNIVERSITY AVE
LA MESA CA 91942

AMERICAN ACCOUNTS & ADVISERS
7460 80TH ST S
COTTAGE GROVE MN 55016

AMERICOLLECT
PO BOX 1505
MANITOWOC WI 54221

AMERICREDIT
PO BOX 183853
ARLINGTON TX 76096

AMERICREDIT
PO BOX 183583
ARLINGTON TX 76096

ASC
PO BOX 981
FREDERICK MD 21705

AT&T, C/O BANKRUPTCY
4331 COMMUNICATIONS DR
FLR 4W
DALLAS TX 75211

AUTOMATED COLLECTION SERVICES
2802 OPRYLAND DR
NASHVILLE TN 37214

BARCLAYS BANK DELAWARE
ATTN: BANKRUPTCY
P.O. BOX 8801
WILMINGTON DE 19899

BLUE JAY VILLAS

CAPITAL ONE
PO BOX 30285
SALT LAKE CITY UT 84130

CARDWORKS/CW NEXUS
ATTN: BANKRUPTCY
PO BOX 9201
OLD BETHPAGE NY 11804

CARVER COUNTY DISTRICT COURT
604 E 4TH ST
CHASKA MN 55318

CARVER COUNTY MENTAL HEALTH
FIRST STREET CENTER
540 E FIRST ST
WACONIA MN 55387

CASH 2 GO
408 S JAMES CAMPBELL BLVD
COLUMBIA TN 38401

CAVALRY PORTFOLIO
500 SUMMIT LAKE DR, SUITE 400
VALHALLA NY 10595

CBCS
PO BOX 2589
COLUMBUS OH 43216

CCS COLLECTIONS
725 CANTON ST.
NORWOOD MA 02062

CENTER FOR DIAGNOSTIC IMAGING
PO BOX 1450 NW 6035
MINNEAPOLIS MN 55485-1450

CENTERPOINT ENERGY
P.O. BOX 1144
MINNEAPOLIS MN 55440-1144

CENTERPOINT ENERGY
PO BOX 4981
HOUSTON TX 77210

CHECK INTO CASH
PO BOX 550
CLEVELAND TN 37364

CHILDREN'S HOSPITAL & CLINICS
2525 CHICAGO AVE S
MINNEAPOLIS MN 55404

CHILDRENS WEST
5901 LINCOLN DR
MINNEAPOLIS MN 55436

CITY OF CHASKA
ONE CITY HALL PLAZA
CHASKA MN 55318

CITY OF HAMBURG
181 BROADWAY AVE
HAMBURG MN 55339

CITY OF RIPON
100 JACKSON ST
RIPON WI 54971

CITY TREASURY OFFICE
PO BOX 2148
CEDAR RAPIDS IA 52406

COLLECTION BUREAU OF LITTLE
FALLS INC
PO BOX 246
LITTLE FALLS MN 56345

COMPREHENSIVE PAIN SPECIALISTS
PO BOX 440210
NASHVILLE TN 37244

CONSULTING RADIOLOGISTS
BILLING DEPT
1221 NICOLLET MALL, STE 600
MINNEAPOLIS MN 55403

CONVERGENT OUTSOURCING, INC.
PO BOX 9004
RENTON WA 98057-9004

CREDIT ACCEPTANCE CORP
25505 WEST 12 MILE RD
SOUTHFIELD MI 48034

CREDIT COLLECTION SERVICES
725 CANTON ST.
NORWOOD MA 02062

CREDIT COLLECTIONS SVC
PO BOX 773
NEEDHAM HEIGHTS MA 02494

CREDIT ONE BANK
PO BOX 98873
LAS VEGAS NV 89193

CREDITO REAL USA FINANCE
1475 W CYPRESS CREEK RD
#300
FORT LAUDERDALE FL 33309

DEPT OF EMPLOYMENT & ECONOMIC
PO BOX 4629
SAINT PAUL MN 55101

DIRECTV CUSTOMER SERVICE
C/O BANKRUPTCY CLAIMS
PO BOX 6550
ENGLEWOOD CO 80155

DIVERSIFIED ADJUSTMENT SERVICE
PO BOX 32145
FRIDLEY MN 55432

DR. RICHARD VEHE
UNIVERSITY OF MN
2450 RIVERSIDE AVE
MINNEAPOLIS MN 55454

ECONO FOODS NASH FINCH
C/O TRS RECOVERY SERVICES
5251 WESTHEIMER RD
HOUSTON TX 77056

EMANUEL LUTHERAN SCHOOL
18155 COUNTY RD 50
HAMBURG MN 55339

ERC/ENHANCED RECOVERY CO
PO BOX 57610
JACKSONVILLE FL 32241-7610

FINANCIAL RECOVERY SERVICES
PO BOX 385908
MINNEAPOLIS MN 55438-5908

FINKELSTEIN KERN STEINBERG CUN
PO BOX 1
KNOXVILLE TN 37901

FIRST PREMIER BANK
601 S MINNESOTA AVE
SIOUX FALLS SD 57104

FORD MOTOR CREDIT COMPANY
P.O. BOX 537901
LIVONIA MI 48153

FOX COLLECTION CENTER
PO BOX 528
GOODLETTSVILLE TN 37070

GAMESTOP
C/O CERTEGY PAYMENT RECOVERY
11601 ROOSEVELT BLVD
SAINT PETERSBURG FL 33716

GAVIN WINTERS DONLEY & OSTLUND
1017 HENNEPIN AVE N
GLENCOE MN 55336

GLA COLLECTIONS
PO BOX 991199
LOUISVILLE KY 40269

GLENCOE REGIONAL HEALTH SERV
1805 HENNEPIN AVE N
GLENCOE MN 55336

GREAT LAKES
PO BOX 530229
ATLANTA GA 30353

GREAT LAKES PATHOLOGIST
PO BOX 78420
MILWAUKEE WI 53278

GREEN TREE
PO BOX 94710
PALATINE IL 60094

GREGORY HANSEN, ESQ
920 SECOND AVE S, STE 800
MINNEAPOLIS MN 55402

GURSTEL LAW FIRM PC
6681 COUNTRY CLUB DRIVE
GOLDEN VALLEY MN 55427

HUGHSTON CLINIC ORTHOPAEDICS
PO BOX 306073
NASHVILLE TN 37230

HUTCHINSON HOSPITAL
1095 HWY 15
HUTCHINSON MN 55350

ILLINOIS TOLLWAY
2700 OGDEN AVE
DOWNERS GROVE IL 60515

INLAND BANK AND TRUST IS AOA
2805 BUTTERFIELD RD STE 200
OAK BROOK IL 60523-1107

INSOLVE AUTO FUNDING
CORPOORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE 19801

INTERNAL REVENUE SERVICE
P.O. BOX 7346
PHILADELPHIA PA 19101-7346

JOE & KAREN ATKINSON
3880 CHASKA BLVD
CHASKA MN 55318

JONAS CENTER
925 12TH ST E
GLENCOE MN 55336

KOHL'S
P.O. BOX 3043
MILWAUKEE WI 53201

LABORATORY CORP OF AMERICA
PO BOX 2240
BURLINGTON NC 27216

LAKEVIEW CLINIC
424 HIGHWAY 5 WEST
WACONIA MN 55387-1795

MAYO CLINIC
ACCOUNT SERVICES
200 FIRST ST SW
ROCHESTER MN 55905

MEDIA COM
PO BOX 5040
APACHE JUNCTION AZ 85178

MELCHERT HUBERT SJODIN PLLC
121 MAIN ST, STE 200
WACONIA MN 55387

MIDLAND FUNDING LLC
320 EAST BIG BEAVER
TROY MI 48083

MIDWEST OUTDOOR RESORTS
111 SHORE DR
WILLOWBROOK IL 60527

MIDWEST OUTDOOR RESORTS
23645 CLUBHOUSE DR
RAPID CITY SD 57702

MINNESOTA DEPT OF REVENUE
COLLECT DIV, 551-BANKRUPTCY
PO BOX 64447
ST PAUL MN 55164

MINNESOTA OTOLARYNGOLOGY PA
675 WATER ST
EXCELSIOR MN 55331

MINUTE CLINIC
PO BOX 8443
BELFAST ME 04915

NORTHLAND GROUP
PO BOX 390846
EDINA MN 55439

NORTHSTAR LOCATION SERVICES
4285 GENESEE STREET
BUFFALO NY 14225-1943

ORCHARD BANK
BANKCARD SERVICES
PO BOX 5222
CAROL STREAM IL 60197

OUR SON
843 RAVOUX CIR
CHASKA MN 55318

PARK NICOLLET
BANKRUPTCY DEPT / BILLING DEPT
3800 PARK NICOLLET BLVD.
ST. LOUIS PARK MN 55416-2699

PARK NICOLLET
3800 PARK NICOLLET BLVD
ST LOUIS PARK MN 55416-2699

PATRICK BURNS & ASSOCIATES
8401 WAYZATA BLVD, SUITE 300
MINNEAPOLIS MN 55426

PORTFOLIO RECOVERY
120 CORPORATE BLVD, STE 100
NORFOLK VA 23502

PROFESSIONAL ACCOUNT MGMT
PO BOX 1487
MILWAUKEE WI 53201

PROFESSIONAL SERVICES BUREAU
PO BOX 548
ANOKA MN 55303

RAZOR CAPITAL II, LLC
8000 NORMAN CENTER DR., #860
BLOOMINGTON MN 55437

RIDGEVIEW HOME MEDICAL EQUIP
501 S MAPLE ST, STE 2
WACONIA MN 55387

RIDGEVIEW SIBLEY MEDICAL CENTE
601 W CHANDLER ST
ARLINGTON MN 55307

RIPON MEDICAL CENTER
430 E DIVISION ST
FOND DU LAC WI 54935

RIVERLINK
PO BOX 15799
AUSTIN TX 78761

RMP LLC
PO BOX 519
SAUK RAPIDS MN 56379

SCHEER GREEN & BURKE
PO BOX 1312
TOLEDO OH 43603

SEQUIUM ASSET SOLUTIONS
1130 NORTHCHASE PKWY, STE 150
MARIETTA GA 30067

SKIN & ALLERGY CENTER
100 BLYTHEWOOD DR, STE A
COLUMBIA TN 38401

SOUTHDALE PEDIATRIC ASSOC. LTD
3955 PARKLAWN AVE SUITE 120
EDINA MN 55435

SPRING HILL IMAGING
5421 MAIN ST, #3
SPRING HILL TN 37174

SPRINT NEXTEL CORRESPONDENCE
ATTN: BANKRUPTCY DEPT
PO BOX 7949
OVERLAND PARK KS 66207

STATE FARM INSURANCE
ONE STATE FARM PLAZA
BLOOMINGTON IL 61710

STONE CREEK PSYCHIATRY
7945 STONE CREEK DR, #130
CHANHASSEN MN 55317

SUBWAY
C/O LINDY'S COLLECTION
PO BOX 99
NEW ULM MN 56073

SYNCHRONY BANK/JCP
ATTN: BANKRUPTCY DEPT
PO BOX 965060
ORLANDO FL 32896

T-MOBILE
12920 SE 38TH ST
BELLEVUE WA 98006

T-MOBILE
PO BOX 742596
CINCINNATI OH 45274

TARGET
BANKRUPTCY DEPT
PO BOX 1327
MINNEAPOLIS MN 55440

TARGET CLINIC
PO BOX 0915
MINNEAPOLIS MN 55440

TENNESSEE ORTHOPAEDIC ALLIANCE
PO BOX 9124
MINNEAPOLIS MN 55480

TEXAS GUARANTEED STD LOAN CORP
PO BOX 83100
ROUND ROCK TX 78683

THE AFFILIATED GROUP I
3055 41ST ST NW
ROCHESTER MN 55903

TITLE MAX OF TENNESSEE
15 BULL ST, STE 200
SAVANNAH GA 31401

TWIN CITIES SPINE CENTER
913 E 26TH ST, STE 600
MINNEAPOLIS MN 55404

U OF M PHYSICIANS
PO BOX 86
MINNEAPOLIS MN 55486

UNITED COLLECTION BUREAU
5620 SOUTHWICK BLVD, ST 206
TOLEDO OH 43614

US DEPT OF ED/GLHS
ATTN: BANKRUPTCY
2401 INTERNATIONAL LANE
MADISON WI 53704

VANDERBILT UNIVERSITY MEDICAL
PO BOX 121171
DEPT 1171
DALLAS TX 75312

WAKEFIELD & ASSOC
PO BOX 50250
KNOXVILLE TN 37950

WASTE MANAGEMENT
10050 NAPLES ST NE
MINNEAPOLIS MN 55449

WAYFINDER BK
1790 E. RIVER ROAD
TUCSON AZ 85718

WAYFINDER BK LLC
1790 E. RIVER ROAD
TUCSON AZ 85718

WYATT TORDSEN
843 RAVOUX CIR
CHASKA MN 55318-2406

WYATT TORDSEN
843 RAVOUX CIRCLE
CHASKA MN 55318

XCEL ENERGY
P.O. BOX 9477
MINNEAPOLIS MN 55484